



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ORTHOTEXAS PHYSICIANS SURGEONS
4780 N JOSEY LANE
CARROLLTON TX 75010-4615

Respondent Name

TRAVELERS INDEMNITY CO

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-12-2238-01

MFDR Date Received

FEBRUARY 28, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "insurance denied for timely filing-we submit electronically and submitted appeal with proof of timely filing and they still denied."

Amount in Dispute: \$2272.30

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier maintains the denial on the basis that the billing was not timely submitted. Rule 133.20(b) requires that the medical provider shall submit billing to the carrier no later than 95 days after the date of service. The Provider alleges they timely submitted the billing through their e-bill vendor, Realmed. In support of that contention, the Provider submits documentation that Realmed demonstrating that the billing was sent electronically on 07-25-2011 and 'Confirmed by the payor or client' on 07-26-2011. The Carrier has reviewed the medical billing records on this claim for this Provider and confirmed that electronic billing received on that date was not the billing at issue in this Request for Medical Fee Dispute Resolution. As documented by attached CMS-1500, the billing received by the Carrier on 07-25-2011 was for the surgical assistant, Tyler C. Jefferson, PA-C. This is the only billing submission received by the Carrier on 07-25-2011 from the Provider." "The Carrier's first receipt of billing for the services at issue in this Request for Medical Fee Dispute Resolution was 11-29-2011, as documented on the attached CMS-1500 for those services. The billing ...was received on 11-29-2011, or 134 days after the date of service. "

Response Submitted by: Travelers, 1501 S. Mopac Expressway, Suite A-320, Austin, TX 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 18, 2011	CPT Codes: 29826-RT, 23430-RT, 29805-59-RT, and 64550-59-RT	\$2272.30	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. Texas Labor Code, Section §408.027(a), titled *PAYMENT OF HEALTH CARE PROVIDER*, effective September 1, 2007, states “A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.”
3. 28 Texas Administrative Code §133.20(b), titled *Medical Bill Submission by Health Care Provider*, effective January 29, 2009, “Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers’ compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers’ compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers’ compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A)-(H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation.”
4. 28 Texas Administrative Code § 102.4(h), titled *General Rules for Non-Commission Communication*, effective May 1, 2005 states “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:
(1) the date received, if sent by fax, personal delivery or electronic transmission or,
(2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.”
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated December 13, 2011
 - 4-The procedure is inconsistent with the modifier used or a required modifier is missing.
 - 29-The time limit for filing has expired.
 - 97-Payment adjusted because the benefit for this service is included in the payment allowance for another service/procedure that has already been adjudicated.
 - CCI4-The modifier billed with this procedure is not valid for the primary service.
 - TXH3-Per Texas Labor Code 480-027, bills must be sent to the carrier on a timely basis, within 95 days from dates of service.
 - GLBL-The service listed under this procedure code are included in a more comprehensive code which accurately describes the entire procedure(s) performed.Explanation of benefits dated February 2, 2012
 - W4-No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. Did the requestor support position that the disputed medical bill was submitted timely per Texas Labor Code, Section §408.027(a)?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon reason code “29-The time limit for filing has expired”.

The requestor submitted a copy of a report from realmind that indicates that an electronic claim was received on July 26, 2011.

The respondent asserts that “As documented by attached CMS-1500, the billing received by the Carrier on 07-25-2011 was for the surgical assistant, Tyler C. Jefferson, PA-C. This is the only billing submission received by the Carrier on 07-25-2011 from the Provider.” “The Carrier’s first receipt of billing for the services at issue in this Request for Medical Fee Dispute Resolution was 11-29-2011.”

The Division reviewed the submitted medical bills for date of service July 18, 2011 from Dr. Eric Eifler and noted that they are dated November 28, 2011 and January 13, 2012. The Division finds that the requestor has

not supported position that the medical bills received by the respondent on July 26, 2012 were for the disputed services.

The Division finds that the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute in accordance with Texas Labor Code Section §408.027(a) and 28 Texas Administrative Code §133.20(b).

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$ 0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	7/13/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.